



# Adult Indoor Soccer

New registration process!

This program will give our Bridgewater-Raritan adults over the age of eighteen (18) the opportunity to play soccer indoors during the cold winter months!

There will be a new structure for this program this year. Participants are required to pre-register with the Bridgewater Recreation Department.

When registering residents are to pick between Monday, Wednesday or both Monday and Wednesday nights to participate. There is no switching of nights once registered. If you miss your designated night for single session, there is no making it up the following night (i.e. missed Monday can't go on Wednesday). **Men and women play together.**

This program will be held at the Bridgewater-Raritan Middle School from 8:30pm to 10:00pm. Dates are subject to cancellations due to school functions, inclement weather, etc... and make-ups are not guaranteed.

Cost \$50.00 for a Monday or Wednesday night/once a week or \$100.00 for both days to go twice a week. Checks made payable to "Bridgewater Township".

**Dates are as follows:** October 16, 18, 23, 25, November 5, 8, 13, 15, 20, 27, 29, December 4, 6, 11, 13, 18, 20, 2006 January 3, 8, 10, 15, 17, 22, 24, 29, 31, February 5, 7, 12, 14, 21, 26, 28, March 5, 7, 12, 14, 26, 2007.

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. **Three ways to register!** In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday [www.bridgewaternj.gov](http://www.bridgewaternj.gov)

## Adult Indoor Soccer 2006-2007

\$50.00 one night/\$100.00 two nights per week.  
Check payable to "Bridgewater Township"

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #:( ) \_\_\_\_\_ Work Phone #:( ) \_\_\_\_\_

Cell Phone #:( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ ☐ copy of drivers license attached

**Check Session:**  
☐ Mondays only ☐ Wednesdays only ☐ both Mondays & Wednesdays

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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